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GOVERNOR'S OFFICE
LEGAL AFFAIRS

APR - 1 2008
Date Received
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GOVERNOR'S OFFICE
LEGAL AFFAIRS

RECEIVED

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST) RUSSELL	(FIRST) CLAY	(MIDDLE) RICHARD	DAYTIME TELEPHONE NUMBER [REDACTED]
MAILING ADDRESS (May use business address) OFFICE OF THE GOVERNOR	STREET STATE CAPITOL	CITY SACRAMENTO	STATE ZIP CODE CA 95814
			OPTIONAL: FAX / E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:
OFFICE OF THE GOVERNOR

Division, Board, District, if applicable:

Your Position:
SPECIAL ASSISTANT TO THE GOVERNOR

→ If filing for multiple positions, list additional agency(ies)/ position(s). (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

4. Schedule Summary

→ Total number of pages including this cover page: **4**

→ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (less than 10% ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or greater ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Travel Payments

-OR-

No reportable interests on any schedule

2. Jurisdiction of Office (Check at least one box)

State

County of _____

City of _____

Multi-County _____

Other _____

3. Type of Statement (Check at least one box)

Assuming Office/Initial Date: _____

Annual: The period covered is January 1, 2007, through December 31, 2007.

-OR-

The period covered is _____ through December 31, 2007.

Leaving Office Date Left: _____ (Check one)

The period covered is January 1, 2007, through the date of leaving office.

-OR-

The period covered is _____ through the date of leaving office.

Candidate

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date-Sig: **04-01-08**

Signature: **[REDACTED]**

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
RUSSELL, CLAY R

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
STATE OF CALIFORNIA

ADDRESS
OFFICE OF THE GOVERNOR
SACRAMENTO CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION
ASSISTANT TO THE GOVERNOR

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, for each source of \$10,000 or more
 Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
HERITAGE WINE CO.

ADDRESS
155 N. RAYMOND
PASADENA CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
RETAIL WINE SALES

YOUR BUSINESS POSITION
DIRECTOR OF WINE

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, for each source of \$10,000 or more
 Other _____
(Describe)

2. LOAN RECEIVED

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER _____

ADDRESS _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____% None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: SEE ADDITIONAL PAGE

047 021
Addendum to Schedule C for Clay Russell *CR*

Source: International Quality & Productivity Center
5 Bligh Street
Sydney NSW 2000
Australia

Business activity: Conference organizers

Dates: 7/29/07 - 8/4/07

Amount: \$2800

Type of payment: Income

Description: Transportation and lodging to speak at a conference of Executive and Personal Assistants (gave keynote address & facilitated two seminars/workshops)

SCHEDULE D
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
RUSSELL, CLAY R

> NAME OF SOURCE
CARUSO AFFILIATED

ADDRESS 101 THE GROVE DR.
LOS ANGELES, CA 90036

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02/01/07</u>	<u>175</u>	<u>"THE GROVE" PARKING PASS</u>
	\$	
	\$	

> NAME OF SOURCE
ROBERT EMAMI

ADDRESS 1650 LAFAYETTE ST.
SANTA CLARA, CA 95050

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/13/07</u>	<u>200</u>	<u>2 BTL. WINE</u>
<u>10/23/07</u>	<u>100</u>	<u>1 BTL. WINE</u>
	\$	
	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

> NAME OF SOURCE

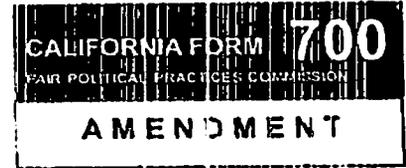
ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
	\$	
	\$	
	\$	

Comments:

**SCHEDULE D
Income - Gifts**



▶ NAME OF SOURCE
Carusc Affiliated

ADDRESS
101 The Grove Drive Los Angeles CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2 / 1 / 07</u>	<u>\$ 175</u>	<u>Grove parking pass (1)</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE
Robert Emami

ADDRESS
1650 Lafayette Street, Santa Clara, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 13 / 07</u>	<u>\$ 200</u>	<u>2 btls wine</u>
<u>10 / 23 / 07</u>	<u>\$ 100</u>	<u>1 btl wine</u>
<u> / / </u>	<u>\$</u>	<u>(2)</u>

▶ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Verification

Print Name Clay Russell

Office, Agency or Court Office of the Governor

Statement Type 2007/2008 Annual Assuming Leaving
 (yr) Annual Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 10, 2009

Signature

Comments: (1) Reimbursed full amount 3/10/09; (2) Reimbursed full amount 3/10/09